

BURMESE HEALTH SHEET

The Burmese civil conflict has led to the widespread laying of landmines, gross and systematic violations of human rights and various forms of forced labor. In addition, forced relocation has displaced large numbers of people from their traditional lands. The border area is essentially inaccessible to humanitarian aid organizations. This civil conflict has resulted in many refugees crossing the border into Thailand. Burmese have been marginalized and denied access to social services as they have become cheap labor for Thailand. Thailand has not ratified the 1951 United Nations Convention Relating to the Status of Refugees. The refugees residing in camps or waiting to be processed into the camps are considered as “temporarily displaced”. (Caouett, Archavanitkul et.al. *Public Health Status of Border Communities the Mekong Basin*,2000).



Pre-migration	During flight & refugee camps	Post-migrational & Resettlement
Drug use and abuse. (Burma & Thailand are part of the golden Triangle, one of the main opium and amphetamine production areas in the world.) Injecting Drug use is linked to the HIV/AIDS epidemic in the region. Malnutrition. Lack of education.	Iron Deficiency Anemia (IDA). Micronutrient deficiencies. Adolescent girls trafficked into sex work, abducted or raped. HIV/AIDS, Hepatitis B & STD's. Malnutrition. Lack of water and sanitation. Lymphatic filariasis. Marginalized population.	Increasing susceptibility to chronic diseases. Problems and stressors of resettlement. Mental health problems. Malnutrition. Malaria.

Health Practitioners should be aware of the possible medical issues in the Burmese Refugee population.

- Malnutrition
- Infectious Diseases
- Parasites
- Oral Health Deficiencies
- Mental Health Concerns
- Tuberculosis

Infectious diseases are the leading causes of morbidity and mortality among the

Burmese.

- Violence and instability have resulted in trauma-related problems including depression among the Burmese being interviewed for resettlement. Symptoms of PTSD, depression, anxiety and physical injuries resulted from the long-termed unstable lives are common among the Burmese as well as landmine casualties.
- Specific to Burmese young women and girls, include sex for survival due to the overall decline in the regional economic situation, exacerbated by powerful wealthy Thai and Burmese men involved in drug trafficking and sexual exploitation.

- Burmese women also suffered from isolation from their kin networks who assist them with child rearing and moral support.
- The vast majority of women are married and two-thirds have children.

Family Structure

- Burmese culture is traditionally family and religion-oriented.
- Families are extended but among refugees and immigrants nuclear families are the norm.
- Parents are held to be sacred and one of the “five objects of worship” in Buddhism, consequently, disobedience to a parent is considered a sin. (Way, R.T.1985. *Burmese culture, personality and mental health*. Australian and New Zealand Journal of Psychiatry, 19, 275-282)*.
- Social class lines are strong and thus there is little opportunity for social mobility.
- Marriage is often arranged and arrangement involves consultation with the family astrologer to determine whether the two young people will be compatible. Initiation of adulthood begins at age nine with the “*shin-pyu*” ceremony for boys, which is followed by several weeks in a monastery; and the “*nahtwin*” ceremony for girls, which includes having the ears pierced.
- A cultural practice is the use of “*thanaka*”, a pale yellow past (from the thanaka plant) applied to the cheeks, forehead, and sometimes arms of both genders but more frequently on girls and women.

Communication and Social Interaction

- Interactions between social equals tend to be characterized by politeness and concern for the other person.
- The Burmese term “*a-nah-dah*” expresses the Burmese cultural value of “an attitude of delicacy” expressive of a solicitousness for other people’s feelings or convenience” (Way, p.279, 1985)*.
- Burmese address people and family members using different terms. For example: U means uncle but it is also a term of respect. U Thant, for example, was the Secretary General of the United Nations.
- *Daw* is the term for aunt and is the term of respect for women, e.g., Daw Aung San Suu Kyi.

- *Saya* is the term for teacher, master or for the traditional healer.
- The head of an adult or child is figuratively the highest part of the body and should not be touched by another person.
- It is impolite to sit in a seat higher or at the same level as an older person.
- Shoes are not worn in the home.
- Pointing one's finger, hand, or foot at another person is considered rude.

Reproductive Health

Pregnancy

- In rural areas, traditionally prenatal and neonatal care is provided by a midwife or "let-thare". In cities clinics and hospitals are commonly used and the value of prenatal and neonatal care is well-recognized.
- For the refugees living in camps, this prenatal and neonatal care is not the norm. Burmese women have cultural and language barriers as well as a lack of access to appropriate material regarding reproductive health.
- The maternal mortality rate (MMR) was 255 /100,000, live births 147/1,000 (2004) and infant mortality rate 72/1,000 (2002). (CIA, 2002; Population Reference Bureau, 2002;WHO, 2002a). One half of the deaths are due to pregnancy related reasons related to abortion. Complications from abortion comprised 20% of all hospitals admissions. For women living in rural areas, the maternal mortality doubles. The most common cause of maternal death is haemorrhage followed by toxemia (maternal toxemia is associated with reduced incidence of germinal matrix hemorrhage in premature babies) It is a serious infection that can develop intravascular coagulation (DIC) and organ failure). (*JJ Child Neurol*, 1992 Jan;7 (1):70-6. Kuban KC, Leviton A, Pagano M, Fenton T, Strassfeld R, Wolff M., Department of Neurology, Children's Hospital, Boston, MA.
- The number of young women with complications of one of more abortions is common. Furthermore, it is difficult to predict spontaneous versus induced abortions, as women are not forthcoming about induced abortions. This is most important for pregnant women who want to abort to prevent pregnancy-related deaths. Pregnant women are still sharing information regarding types of deliveries, what they believe as "clean techniques" and traditional birthing practices.

- Unwanted pregnancies and the lack of access to contraception are major public health issues in Burma. In fact, abortion ranks in the top ten health problems in the country.
- Women use a wide variety of methods to end their pregnancies, including self-medication with Western and Burmese medicines, drinking ginger and whisky, vigorous pelvic pummeling and insertion of objects into the sex organs.
- Traditional dietary restrictions, for example, during pregnancy, make prenatal nutritional counseling essential.
- The history of sexual abuse among many refugee women and girls may evoke strong emotional and psychological responses to gynecological exams.
- A third of Burmese women have five or more pregnancies.
- Modern methods of family planning are acceptable if offered at the time of need and in culturally appropriate ways.

Postpartum period

- The postpartum period is viewed as a time of susceptibility to illness as the mother's body is "cold" from blood loss.
- The body should be warmed with external heat as well as warm drinks and foods with "hot" properties.
- Sour and bitter foods are also taken as these are thought to reduce blood flow (Skidmore, 2002)

Maternal and Child Health

- Each year, over three million children under the age of five die from diarrhoeal diseases. This, together with other health problems, including malnutrition, schistosomiasis, ascariasis, trachoma and dracunculiasis, result from risky hygiene practices and inadequate facilities for domestic water supply, sanitation and hygiene.
- Mothers of infants and pregnant women suffer from parasitic infections and anemia and other causes of malnutrition.
- Anemic mothers die more often in childbirth.
- Insufficient consumption of iron-rich foods, food insecurity, parasitic infections such as intestinal worms and malaria are some of the medical challenges found in Burmese people.
- Anemia is even more prevalent among children and pregnant women.

